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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR § 1.53(b))

<i>Attorney Docket No.</i>	4002-3442
<i>First Inventor</i>	Branch
<i>Title</i>	INTERBODY FUSION GRAFTS AND INSTRUMENTATION
<i>Express Mail Label No.</i>	EL 984271092 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:	Mail Stop Patent Application Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450
	22141 U.S. PTO 10/698702 103103

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages **46**]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (*if filed*)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Pages **35**]
 - Formal Informal
5. Oath or Declaration [Total Pages **6**]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. §1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

ACCOMPANYING APPLICATION PARTS		
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))		
10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement	<input type="checkbox"/> Power of Attorney	<i>(when there is an assignee)</i>
11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)		
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations	
13. <input checked="" type="checkbox"/> Preliminary Amendment		
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>		
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>		
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		
17. <input type="checkbox"/> Other: _____		

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

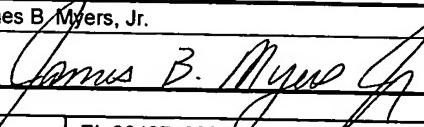
<input checked="" type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)
--------------------------------------------------	-------------------------------------	-----------------------------------------------------

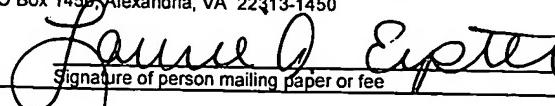
of prior application No: 10/645,412, 09/698,623, and 09/181,353

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	30565			or	<input type="checkbox"/> Correspondence address below
Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP				
Address	Bank One Center/Tower				
	111 Monument Circle, Suite 3700				
City	Indianapolis	State	IN	Zip Code	46204-5137
Country	USA	Telephone	(317) 634-3456	Fax	(317) 637-7561
Name (Print/Type)	James B. Myers, Jr.			Registration No. (Attorney/Agent)	42,021
Signature				Date	October 31, 2003

Express Mail Label No.	EL 984271092 US	Date of Deposit	October 31, 2003
I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450			
 Signature of person mailing paper or fee			

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U.S.PTO

FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

METHOD OF PAYMENT (check all that apply)

<i>Completeness of Known</i>	
Application Number	
Filing Date	October 31, 2003
First Named Inventor	Branch
Examiner Name	
Art Unit	
Attorney Docket No.	4002-3442

METHOD OF PAYMENT (*check all that apply*)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input type="checkbox"/> Deposit Account:				
Deposit Account Number	23-3030			

**Woodard, Emhardt, Moriarty, McNett
& Henry LLP**

The Commissioner is authorized to: (check all that apply)

Charge any fee(s) indicated below Credit any overpayments

Charge any additional fee(s) during the pendency of this application excluding the payment of issue fees

Charge fee(s) indicated below, except for the filing fee, to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL 1.				(\$)	770.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from Below	Fee Paid
Total Claims	70	-20**= 50	X 18.00	= 900.00
Independent Claims	3	-3**= 0	X 0.00	= 0.00
Multiple Dependent Claim			- 0.00	= 0.00

Large Entity Small Entity

<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL 2.				(\$) 900.00

****or number previously paid, if greater; For Reissues, see above**

**Reduced by Basic Filing Fee Paid*

SUBMITTED BY

Name (Print/Type)	James B. Myers, Jr.	Registration No. (Attorney/Agent)	42,021	Telephone	(317) 634-3456
Signature				Date	October 31, 2003